



Please type or print in dark ink

SCHOOL NAME		E-MAIL ADDRESS	
BUSINESS MAILING ADDRESS		CITY	STATE ZIP
BUSINESS PHYSICAL ADDRESS		CITY	STATE ZIP
BUSINESS TELEPHONE NO. ()		FAX NO. ()	
BUSINESS OWNER(S) NAME	LAST	FIRST	MIDDLE
MANAGER(S) NAME	LAST	FIRST	MIDDLE

Curriculum 1

BARBER	COSMETOLOGY	ESTHETICS	MANICURING	INSTRUCTOR
BARBER	COSMETOLOGY	ESTHETICS	MANICURING	INSTRUCTOR

Curriculum 2

[illegible]

I have carefully read the information provided herein and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the laws of the state of Washington that the information provided by me is true and correct. Should I furnish any false information, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of the school license in the state of Washington.

Signature of School Owner

City

State

Zip

Date _____

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